



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 8:07 am, Jun 04, 2013

REPORT#7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 030451	PRINTER SN 95.1111.053	DATE OF INSPECTION 06-03-2013
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon Street St. Joseph, MO 64501		TIME OF INSPECTION 1729

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (1 O-C - 40-C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

☐ SIMULATOR SOLUTION

☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER Airgas LOT # AG300201 EXP. DATE 01-02-2015

☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR EXP DATE _____

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 w- .102	TEST 2 w- .102	TEST 3 w- .102
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☒ RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0	(0-.04)	2	(.05-.09)	1	(.10-.14)	4	(.15-.19)	2	(OVER.19)	2
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Sgt. Chris McBane
TYPE 11 PERMIT NUMBER/EXPIRATION DATE 220199 08/13/2014	TELEPHONE NUMBER (816) 271-4712

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901



Airgas Mid America (LABORATORY)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

Customer Name
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 2-Jan-2013

Dear Sir,

This is your Certificate of Analysis:

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
1/2/2015	108	Ethanol Nitrogen	0.100 \pm 2% BrAC (272 ppm) Balance

Lot # AG300201

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.5 ppm	EB0010603	390.9 ppm
EB0010570	258.4 ppm	EB0010559	258.3 ppm
EB0010285	208.9 ppm	EB0010695	209.2 ppm
EB0010561	101.9 ppm	EB0010562	104.9 ppm
EB0010681	53.0 ppm	EB0010579	52.4 ppm

Analytical Method: NDIR

Analyst: 

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

MS IV Serial no: 030451
Version no: 7410

TEST RECORD 03029

Temp Date Time 210L

Alt Blank:
06/03/13 17:29 .000
Calibration Check:
20 06/03/13 17:29 .102

Subject Name

Subject I.D.

Operator Name: I.D.

MeBass #3240

Location

501 Phalanx

MS IV Serial no: 030451
Version no: 7410

TEST RECORD 03029

Temp Date Time 210L

Alt Blank:
06/03/13 17:32 .000
Calibration Check:
20 06/03/13 17:32 .102

Subject Name

Subject I.D.

Operator Name: I.D.

MeBass #3240

Location

501 Phalanx

MS IV Serial no: 030451
Version no: 7410

TEST RECORD 03030

Temp Date Time 210L

Alt Blank:
06/03/13 17:34 .000
Calibration Check:
21 06/03/13 17:34 .102

Subject Name

Subject I.D.

Operator Name: I.D.

MeBass #3240

Location

501 Phalanx

MS IV Serial no: 030451
Version no: 7410

TEST RECORD 03031

Temp Date Time 210L

Alt Blank:
06/03/13 17:35
12 06/03/13 17:35

Subject Name

REF TEST
Subject I.D.

Operator Name: I.D.

MeBass #3240

Location

501 Phalanx

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



CHRISTOPHER MCBANE

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER; ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 08/13/2012

Number 220199

Expires 08/13/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)